

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17298

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>3030</u>		Registrar's No. <u>42</u>			
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		OR TOWN <u>0501</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>611 Warne St.</u>				d. STREET ADDRESS (If rural, give location) <u>611 Warne</u>					
3. NAME OF DECEASED (Type or Print) <u>Alois</u>			a. (First)		b. (Middle)		c. (Last) <u>Zeltner</u>		
4. DATE OF DEATH		(Month) <u>4</u>		(Day) <u>19</u>		(Year) <u>50</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan 1, 1876</u>			
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Hematite, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Alois Zeltner</u>			13b. MOTHER'S MAIDEN NAME <u>Delphia E. Cooper</u>			14. NAME OF HUSBAND OR WIFE <u>Elizabeth Zeltner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dora Husen</u> ADDRESS <u>Festus, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction, Edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Myo + Encl. cordite</u> DUE TO (c) <u>Arterio sclerotic h. pertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 yrs</u> <u>3 yrs</u> <u>447X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>2/11</u> , 19 <u>46</u> , to <u>4/19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4/19</u> , 19 <u>50</u> , and that death occurred at <u>8:30 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. E. Neum</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Percelesium, Mo</u>			23c. DATE SIGNED <u>4/24/50</u>		
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sandy Baptist Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4/25/50</u>		REGISTRAR'S SIGNATURE <u>(Dora) Ballou</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>"Sinks"</u>		ADDRESS <u>Festus, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED 5-16-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Elean Prince*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3403*

P. O. Address *Jessie, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.